

36/6/5

COUNTY OF KINCARDINE



REPORT

BY THE

MEDICAL OFFICER OF HEALTH

ON THE

Health and Sanitary Conditions

FOR THE YEAR

1953

COUNTY OF KINCARDINE.

SECOND REPORT

by the

MEDICAL OFFICER of HEALTH

for the year

1953

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P R E F A C E.

My Lord, Ladies and Gentlemen,

In accordance with the requirements of the Department of Health for Scotland, I beg to submit my Second Annual Report for the year 1953 on the Health of the County of Kincardine and of its constituent Burghs. In a separate Report, the Chief County Sanitary Inspector has dealt with the Sanitary Conditions obtaining in the County and the Burgh Sanitary Inspectors will deal with those in their respective Burghs. The latter I will submit in due course.

The Section of my Report which deals with the School Health Service covers the period from 1st August, 1952, to 31st July, 1953 and does not therefore coincide with the remainder of the Report the statistics of which embraces the period from 1st January to 31st December, 1953.

Scrutiny of the Report will show that, judged by available data, the health of the County is in most respects more satisfactory than it has ever been.

The work of the Health and Welfare Department continues to increase, especially on the administrative side, and I wish to tender sincere thanks to all members of the Council and of the Health and Welfare Committee and to the officials attached to my Department for their loyalty, co-operation and ever-willing help. I also wish to put on record my appreciation of the assistance given me on all occasions by the County Clerk and by members of other Departments of the Council.

I am,
My Lord, Ladies and Gentlemen,
Your Obedient Servant,

ALEX. HENDERSON.

Medical Officer of Health.

Health and Welfare Department,
"The Briars",
56, Arduthie Road,
STONEHAVEN.

12th June, 1954.

STATISTICAL SUMMARY.

As in past Reports, I append, for easy reference, a Statistical Summary for each of the years from 1950 to 1953.

	1950	1951	1952	1953
1. Acreage	262,798	262,798	262,798	242,384
2. Population (estimated civilian)	28,852	27,970	27,792	27,743
3. Persons married per 1,000 population	5.1	6.3	6.3	5.5
4. Number of live births (corrected)	497	475	441	457
5. Birth-rate per 1,000 population	17.2	17.0	15.9	16.5
6. Illegitimate Birth-rate per 1,000 births	6.6	6.1	5.4	6.3
7. Infant Death-rate per 1,000 births	28	21	29	22
8. Number of Maternal Deaths ...	-	-	-	3
9. Number of Deaths from all forms of Tuberculosis	5	5	1	2
10. Number of Deaths from Respiratory Tuberculosis	5	5	-	2
11. Death-rate from all forms of Tuberculosis per 1,000 population	0.17	0.18	0.04	0.07
12. Death-rate from Respiratory Tuberculosis per 1,000 population	0.17	0.18	-	0.07
13. Number of Deaths (corrected) - All causes	350	330	315	334
14. Death-rate - All causes ...	12.1	11.8	11.3	12.0

The Health of the County of Kincardine.

S E C T I O N I.

VITAL STATISTICS.

Population -

The population, as estimated by the Registrar-General to the middle of the year was 27,743. In 1952, the estimated population was 27,792.

Births -

The total number of births, the birth-rate, the number of illegitimate births and the illegitimate birth-rate during the past four years were as follows:-

Year	Males	Females	Total	Birth-rates	Illegitimate Births	Illegitimate Birth-rates
1950	256	241	497	17.2	33	6.6
1951	247	228	475	17.0	29	6.1
1952	210	231	441	15.9	24	5.4
1953	227	230	457	16.5	29	6.3

Marriages -

The number of marriages and the marriage-rates in 1950, 1951, 1952 and 1953 are given hereunder:-

In 1950 the number of marriages was 146 and the rate was 5.1

In 1951 " " " " " 175 " " " " 6.3

In 1952 " " " " " 175 " " " " 6.3

In 1953 " " " " " 152 " " " " 5.5

Deaths -

The number of deaths and the death-rates for the years 1950, 1951, 1952 and 1953 were as follows:-

Year	Number	Males	Females	Death-rate
1950	350	163	187	12.1
1951	330	162	168	11.8
1952	315	153	162	11.3
1953	334	163	171	12.0

The/

The accompanying Table gives the causes of death in the past four years:-

Causes of Death	1950	1951	1952	1953
Diseases of the Heart and other Circulatory Diseases	146	129	153	132
Cerebral Haemorrhage and other Diseases of Nervous System	57	49	36	69
Respiratory Diseases -				
Bronchitis	3	5	1	4
Pneumonia	7	13	7	11
Other	1	4	3	2
Cancer	67	60	53	51
Tuberculosis -				
Respiratory	5	5	-	2
Non-respiratory	-	-	1	-
Kidney Diseases	11	7	8	6
Chief Epidemic Diseases -				
Diphtheria	-	-	-	-
Whooping Cough	-	1	-	-
Measles	-	-	1	1
Scarlet Fever	-	-	-	-
Enteric Fever	-	-	-	-
Cerebro-Spinal Fever	-	-	-	-
Other Infectious and Parasitic Diseases	-	-	-	1
Diabetes Mellitus	6	-	2	2
Diseases of Digestive System, including Diarrhoea and Enteritis	11	13	8	13
Influenza	1	1	1	1
Puerperal Conditions	-	-	-	3
Diseases of Early Infancy	10	8	8	7
Violence, including Suicide	10	12	12	14
Other Causes	15	23	21	15
TOTALS	350	330	315	334

By far the commonest causes of death were diseases of the heart and other circulatory disorders. The number of deaths from cancer was 51 as compared with 53 in 1952, 60 in 1951, and 67 in 1950.

SECTION II.

LOCAL AUTHORITY HEALTH FUNCTIONS.

1. CARE OF MOTHERS AND YOUNG CHILDREN.

(1) Ante-natal and Post-natal Services.

Within the County of Kincardine, it has not so far been deemed necessary to establish Ante-natal and Post-natal Clinics, reliance for these services being placed on the Corporation of Aberdeen who have provided up-to-date facilities at their Castle Terrace Clinic. To this Clinic, women from the County are referred from time to time.

(2) Child Welfare Clinics.

The Local Authority have five Child Welfare Clinics, one in each of the four Burghs and a fifth, comprising a nurse's home and Clinic at Cove Bay, which was opened at the end of 1951. The attendances at these clinics were as under:-

(a) Number of children who on date of first attendance were -

Under 1 year of age	...	...	...	292
Over 1 year of age	...	...	...	413

(b) Total number of attendances of children who at time of attendance were -

Under 1 year of age	...	...	...	1,928
Over 1 year of age	...	...	...	1,993

Taking the total attendances, we find that, in the previous year, the numbers attending were -

Under 1 year of age	...	...	...	1,635
Over 1 year of age	...	...	...	2,542

No Clinics, within the County, have been provided by Voluntary Organisations.

(3) Dental Care.

Unfortunately, the activities of the dentists were concentrated entirely on school children with the result that it was impossible to provide any dental care for expectant mothers, nursing mothers or pre-school children.

(4) Mother and Baby Homes.

No such Homes for mothers and babies have been established in this County either by Local Authority or by voluntary effort. As far as my experience goes, I do not think that the need exists for the setting up of such Homes in Kincardineshire.

(5) Nurseries.

In the County there are no Nurseries, either statutory or voluntary. No firm of manufacturers has provided a nursery. As a matter of fact, it seems improbable that nurseries will ever be required in this area.

2. MIDWIFERY.

The number of births registered in the County, including the four Burghs was 182 - 180 live and 2 still births. The total number of births occurring in institutions, including private maternity homes was 106 or 58 per cent.

The domiciliary births numbered 76, and, of these 74 were live births and

2 were still births. Analysis of these births gives the following interesting results:-

(1) The doctor was engaged and was present at confinement in	25 cases
(2) The doctor was engaged but was not present at confinement in	41 cases
(3) No doctor was engaged: midwife acted alone in	10 cases
Total	76 cases

During the year, medical aid was summoned by a midwife under Section 14 (1) of the Midwives (Scotland) Act 1951, in three domiciliary cases.

As regards the administration of analgesia, all the Local Authority midwives in the County - 15 in number - are qualified to administer gas and air analgesia in accordance with the requirements of the Central Midwives Board for Scotland. In addition, two midwives employed in an institution in the County are qualified to administer gas and air analgesia. During 1953, gas and air analgesia was administered by midwives in domiciliary practice in 8 cases when the doctor was present at delivery and in 5 cases when no doctor was present.

Pethidine was administered by midwives in the course of their domiciliary practice in 30 instances, the doctor being present at delivery in 11 cases and the midwife acting alone in 19 cases.

As to transport, all the Health Visitor-Nurses had the use of cars provided by the County Council. The total number of cars in use at 31st December, 1953, was 17. At the end of the year one new car had been received and an old car had not been disposed of by the end of December.

3. HEALTH VISITING.

The number of visits paid by the Health Visitor-Nurses during the year under review appears hereunder:-

Number of Visits paid by Health Visitors during 1953.										
Expectant Mothers		Children under 1 year of age		Children between the ages of 1 & 5		Tuberculous cases		Other cases		Total Visits paid.
First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	First Visits	Total Visits	
258	1,134	855	5,989	1,867	7,816	29	114	285	596	15,649

No Health Visitor-Nurses were employed by any voluntary organisation in the County.

4. HOME NURSING.

In their capacity as Home Nurses the Health Visitor-Nurses attended 1,458 cases, as compared with 1,163 in 1952. The total number of visits made in 1953 was 24,444, as compared with 21,764 in the previous year.

Of the 1,458 cases visited in 1953, 370 were elderly persons and the number of visits paid to these was actually 12,408. No corresponding figures are available for the number of elderly people visited in 1952.

The/

The Local Authority had no arrangements with any voluntary organisations for the employment by them of Home Nurses.

5. DOMESTIC HELP SERVICE.

Three Domestic Helps, all engaged part-time, were in the employment of the Council at the end of the year whilst two were retained on a fee basis. The number of cases for whom Home Helps were provided was 13 and in one case the Help was given on account of confinement. In eight of the 13 cases, the Home Helps were provided to persons who were chronically sick or aged and infirm.

As has been stated in previous Reports the Domestic Help Scheme in the County has not been successful. Recruitment is a most difficult matter and as time goes on there is no easing of the situation in this respect.

6. COMBINED DUTIES IN MIDWIFERY, HOME NURSING AND HEALTH VISITING.

In this County there are 14 Health Visitor-Nurses and one Superintendent or Supervisor of Nursing and Allied Services. Of the total, namely 15, 6 possess the Health Visitor's Certificate.

All the Health Visitor-Nurses perform combined duties. They carry out domiciliary midwifery; they attend the ordinary sick in their homes; they perform home nursing in respect of elderly persons and also all duties connected with the functions of Health Visitors, viz:- School Health Service, the domiciliary Tuberculosis Service and attendance at the several Clinics along with the consequential periodic visitation of pre-school children.

My experience in the County is that the valuable preventive work which the Health Visitor-Nurses perform is rather submerged by and is made subsidiary to the attention given to the sick persons of various types. At the same time, the County of Kincardine would not meantime be justified in appointing ad hoc Health Visitors.

I think it proper here to state that Miss Beazer, the Supervisor of Nursing and Allied Services acts not only as Executive Officer in respect of the Nursing Services but also undertakes actual nursing duties when the occasion demands, and that during the past few years it has not been found necessary to employ any outside nurse for relief duties.

7. VACCINATION AND IMMUNISATION.

(a) Vaccination against Smallpox.

The compulsory vaccination against Smallpox was abolished under the provisions of the National Health Service Act, the change being occasioned by the fact that the last Vaccination Act, passed in 1907, introduced a "Conscientious Objection" Clause which rendered the Act practically futile. It is too early to give an assessment as to whether the number of children vaccinated will increase by reason of the change but it was hoped that the number of parents requesting their children to be vaccinated would increase appreciably in view of the highly successful results obtained from voluntary immunisation against Diphtheria.

In 1953, 298 children were vaccinated either by family doctors or at the Council's Clinics. In seven of these there was no local reaction to vaccination or revaccination, the presumption being that these children were naturally immune. As regards revaccination, 78 persons were revaccinated and reactions were obtained in each case.

In 1952, 276 children were successfully vaccinated, 39 persons were revaccinated and all showed reactions.

(b) Diphtheria Immunisation.

Primary Diphtheria Immunisation is offered to children preferably under one/

one year of age at each session of the Child Welfare Clinics. In 1953, 420 children completed a full course and maintenance or "boosting" injections were given to 264 children. Lack of medical staff has again prevented the carrying out of intensive Diphtheria Immunisation Campaigns throughout the County.

(c) Whooping Cough.

Immunisation against Whooping Cough is offered at all sessions of the Child Welfare Clinics and most of the children who are immunised against Diphtheria at the Clinic Sessions are at the same time also immunised against Whooping Cough. The combined Diphtheria - Whooping Cough Vaccine has not so far been used at the Council's Clinics. It is usual for Immunisation against Whooping Cough to be carried out before the child is nine months old.

8. PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

(1) TUBERCULOSIS.

Twenty-one cases of tuberculosis were notified to the Medical Officer of Health in 1953, as compared with 19 in 1952.

The distribution according to age and sex of those cases proved to be suffering from tuberculosis is shown in the following Table.

Distribution of Tuberculous Cases according to age and sex.

		Under 5	5-10	10-15	15-25	25-35	35-45	45-65	65 and over	Total
Respiratory	Males	-	-	-	1	3	-	1	-	5
	Females	1	-	-	2	1	-	-	3	7
Non-respiratory	Males	1	-	1	-	-	-	1	-	3
	Females	-	1	-	-	-	1	2	2	6
TOTAL		2	1	1	3	4	1	4	5	21

The total number of persons resident in the County at 31st December, 1953, who were known to be suffering from tuberculosis was 134 - 101 respiratory cases and 33 non-respiratory cases. The allocation of these two categories into age-groups is shown in the two following Tables.

Respiratory Cases in Age-Groups.

		Under 5	5-10	10-15	15-25	25-35	35-45	45-65	65 and over	Total
Sputum examined and tubercle bacilli found:										
	Males	-	-	-	4	11	9	9	2	35
	Females	-	-	-	3	15	6	5	3	32
Sputum examined and tubercle bacilli never found:										
	Males	-	-	-	1	4	4	4	-	13
	Females	-	-	-	4	5	4	1	-	14
Sputum or other material not examined:										
	Males	-	-	-	-	1	-	2	-	3
	Females	-	-	-	-	1	2	1	-	4
TOTAL		-	-	-	12	37	25	22	5	101

At the end of 1953 cases suffering from non-respiratory tuberculosis who were known to be then alive numbered 33 and corresponding data are given for the three previous years.

Non-respiratory Tuberculosis - Location.

Year	Glands	Bones and Joints	Spine	Abdomen	Lupus	Other	Total
1950	8	5	3	1	6	6	29
1951	8	4	2	1	6	4	25
1952	10	4	2	1	6	6	29
1953	11	6	2	1	6	7	33

Mortality -

The number of deaths from respiratory and from non-respiratory tuberculosis in 1950, 1951, 1952 and 1953 and the death-rates per 1,000 of population in these years, together with the ages at death in the respiratory cases are shown in the following Tables.

Mortality.

	1950	1951	1952	1953
Respiratory	5	5	-	2
Non-respiratory	-	-	1	-
Total	5	5	1	2
Death-rate per 1,000 population (all forms)	.17	.18	.04	.07

Ages at Death of Respiratory Cases.

Age Group	1950	1951	1952	1953
Under 5 years	-	-	-	-
5 - 15 years	-	-	-	-
15 - 25 years	1	-	-	-
25 - 35 years	3	3	-	1
35 - 45 years	-	2	-	1
45 - 65 years	1	-	-	-
Over 65 years	-	-	-	-
Total number of deaths	5	5	-	2
Death-rate per 1,000 population	.17	.18	-	.07

Institutional/

Institutional Treatment.

The responsibility for providing institutional treatment for tuberculous patients now devolves on the North-Eastern Regional Hospital Board. The number of cases admitted to Tuberculosis Institutions is given in the subjoined Table.

Admissions to Institutions.

Year	1950	1951	1952	1953
Respiratory	14	17	15	13
Non-respiratory	2	3	4	7
Total	16	20	19	20

At the beginning of 1953, 13 County patients were in institutions. As is seen from the above Table, 20 were admitted during the year; 17 were discharged during the year. Two patients - adult males - died in institutions.

Domiciliary Treatment.

The County Council possess seven shelters which enable patients who have been treated in institutions to continue open-air treatment at home.

Where a family, with one member suffering from "open" tuberculosis, is living in unsatisfactory conditions, the Medical Officer of Health makes application to the appropriate Local Authority advocating that the tenancy of a Council house be granted with a view to the patient having a bed and a bedroom to himself. It is not possible to treat continuously in institutions every tuberculous patient who has tubercle germs in his sputum, but such patients, having been taught and having absorbed the routine of sanatorium treatment, may, with safety, remain at home provided that reasonable segregation can be obtained.

Extra nourishment has, for many years been provided by the County Council to selected cases undergoing domiciliary treatment. The foods provided are milk, butter, eggs and meat but very few patients receive all these items.

Special allowances are also available to tuberculous patients through the agency of the National Assistance Board.

(2) Other Illnesses.

The County Council have made arrangements for the care and after-care in respect of diseases other than tuberculosis, viz:-

- (a) Mental Health and Mental Deficiency which will be dealt with later in the Report.
- (b) Venereal Diseases - Propaganda relating to the prevention of these diseases is carried out chiefly by the Scottish Council for Health Education.
- (c) Malignant Disease - On request from the North-Eastern Regional Hospital Board, the Council's Health Visitor-Nurses accompany patients from their own areas to the Clinic for malignant disease in Aberdeen. The nurses pay regular visits to sufferers who are being treated at home.

So far, the Council have not required to provide bedding or equipment to any of the three types of cases mentioned above.

9. CONTROL

9. CONTROL OF INFECTIOUS DISEASES.

In order to assist in and to confirm the diagnosis of infectious diseases excellent laboratory facilities have been provided by the Regional Hospital Board at the Regional Bacteriological Laboratory, Urquhart Road, Aberdeen.

Cases suffering from infectious diseases and requiring institutional treatment are admitted to the Infectious Diseases Wards of the City Hospital, Aberdeen.

There was again a dramatic fall in the incidence of notifiable infectious diseases. In 1953 only 64 cases were notified, as compared with 100 in 1952. The numbers notified in the three previous years were - in 1951 - 130; in 1950 - 103; and in 1949 - 95. Notes are appended in connection with the more common infectious diseases.

Scarlet Fever -

Twenty-four cases were notified in 1953, as compared with 29 in 1952 and 59 in 1951. The disease was - as it has been for several years past - very mild in character and the cases occurred chiefly in the southern portion of the County. Fourteen cases were removed to hospital and the remainder, namely 10, were treated at home.

Diphtheria -

It is gratifying to be able to report that no confirmed case of diphtheria has occurred in the County of Kincardine during the past four years.

As already stated, the campaign against diphtheria by means of artificial immunisation was carried out on a modified scale and was conducted chiefly through the several Child Welfare Clinics.

Anterior Poliomyelitis (Infantile Paralysis) -

One mild case of this disease occurred in a boy of school age. He was removed to the City Hospital, Aberdeen. On completion of treatment, no paralysis persisted.

Puerperal Fever and Puerperal Pyrexia -

No cases of these conditions were notified.

Cerebro-Spinal Fever -

One notification was received. The sufferer was a boy under five years of age. He was removed to Hospital and made a complete recovery.

Erysipelas -

One case was notified and was treated at home. In 1952, three cases were notified.

Acute Infective Jaundice -

One case, a young man, was notified. He was removed to Hospital. In the two previous years there were no notifications of this disease.

Pneumonia (Acute Primary and Acute Influenzal) -

Nineteen cases of Acute Primary Pneumonia were notified, and of these 8 were removed to Hospital. Two cases of Influenzal Pneumonia were also notified and both were treated at home. The numbers of these cases notified in 1952 and in 1951 were 9 and 24 respectively.

Smallpox/

Smallpox -

No cases occurred.

Encephalitis Lethargica -

No cases were notified.

Ophthalmia Neonatorum -

No cases were notified to the Medical Officer of Health in 1953. Since the beginning of this century, there has been a very marked diminution in the incidence of this preventable disease.

Dysentery -

In 1953, no case of Dysentery was brought to the notice of the Medical Officer of Health. In 1952, there were two cases and in 1951 - 18 cases.

Typhoid Fever and Para-typhoid Fevers -

No cases were notified.

Undulant Fever -

There were 3 cases of Undulant Fever all of whom were removed to Hospital.

Whooping Cough -

In 1953, 12 cases of Whooping Cough were notified. One was removed to Hospital and the others were treated at home. The age distribution of the affected children is interesting. One was under one year of age. Four cases occurred in children between the ages of one and five years and seven cases occurred in the age period five to fifteen years.

In 1952, 50 cases of Whooping Cough were notified.

Whooping Cough is an exceedingly grave disease especially in the severe complications that often ensue. It is therefore essential to advocate that immunisation be carried out within a few months of birth.

10. MENTAL HEALTH SERVICE.

Under the provisions of the National Health Service Act, certain duties in relation to Mental Health devolve on Local Authorities. These include the visitation and supervision, on behalf of the North-Eastern Regional Hospital Board, of certified lunatics placed under guardianship and similar duties in respect of mental defectives under guardianship. The Officers carrying out this work are the Medical Officer of Health who is also Welfare Officer and the Assistant Welfare Officer, Mr. George Stephen. It is appropriate here to express thanks to Col. Moore Taylor, Medical Officer for Mental Health employed by the Regional Hospital Board, who is always ready to give specialist advice on those suffering from mental illness or defect.

So far, the proposed arrangements for providing training and occupation for the mentally handicapped not in institutions have not yet been implemented. The County Council could not themselves establish the necessary centres and it is hoped that, if the Corporation of Aberdeen provide training or occupational centres, Kincardine County Council will be permitted to send suitable mentally handicapped persons to these centres.

During the year under review, the number of mental cases dealt with were as follows:-

(1) Number/

(1) Number of lunatics certified	...	...	...	...	...	6
(2) Number of mental defectives certified	..	...	...	...	...	1
(3) Number of mental defectives (ineducable) under guardianship at end of year	...	...	...	...	...	5
(4) Number of mental defectives (educable) under guardianship at end of year	...	...	...	...	...	5
Total						<u>17</u>

In this County there are no voluntary organisations specialising in mental health work.

11. NURSERIES AND CHILD MINDERS' REGULATION ACT.

No application was made either for registration of premises as Nurseries under the above Act or for the registration of persons as child minders.

SECTION III

School Health Service.

The Annual Report on the School Health Service - covering the period from 1st August, 1952 to 31st July, 1953 - appears as an Appendix to this Report.

SECTION IV.

Port Health Administration.

In the beginning of October the Medical Officer of Health of the Port of London intimated in writing that a case of Smallpox, which had been, in the first instance, diagnosed as chickenpox had occurred in a ship arriving in London and that the patient had ultimately died. The patient was a member of the crew and a contact who had been revaccinated came to reside with relations in this County. Intensive surveillance was carried out by the Medical Officer of Health over the usual incubation period, namely 14 days. In the case of the contact, the revaccination followed a normal course and at the end of the period of supervision he was declared to be free from infection.

SECTION V.

Food Supply.

(1) Milk

The executive control of the milk supply to the community is in the hands of the County Sanitary Inspector who, in his recently issued Annual Report, deals with the subject in some detail.

As regards the Milk in Schools Scheme, all the schools in the County receive milk. There are 12 suppliers, of whom 11 hold T.T. Licences and one a Pasteurising Licence.

No outbreaks of disease were attributable to infected milk.

(2) Ice Cream.

The County Sanitary Inspector supervises the administration of the Ice Cream (Scotland) Regulations, 1948, and has dealt with this matter in his Annual Report.

(3) Meat/

(3) Meat and Other Foods.

The administration of the various statutory provisions and regulations under this heading come within the scope of the County Sanitary Inspector.

(4) Food Hygiene.

Every endeavour is made to ensure that hygienic methods of food handling are employed in shops and in catering establishments.

The Medical Officer employed by the Scottish Council for Health Education stresses the importance of clean and wholesome food when he makes his annual lecture tour in the County.

In the course of their daily visits the Health Visitor-Nurses also emphasise the importance of food hygiene.

(5) Food Poisoning.

In 1953, no case of food poisoning was brought to the notice of the Medical Officer of Health.

(6) Nutrition.

Reference to the Report on the School Health Service will show that of 1,356 children examined 108 or 7.96 per cent exhibited slight nutritional defect and that, in no case, was there evidence of bad nutrition.

Excluding cases of defective nutrition detected in the course of routine medical inspection, no other case of defective nutrition was brought to the notice of the Medical Officer of Health.

SECTION VI.

Miscellaneous.

(1) National Assistance Act, 1948.

In the County there is one Old Peoples' Home which was opened in July, 1952. It is situated in Stonehaven, has accommodation for 20 old persons, and, at the end of the year, the number of residents was 12 - 3 males and 9 females. Each resident selects his own medical attendant. There are no nursing facilities, and if one of the old persons falls sick - with the exception, of course, of temporary illness - he has to be removed to one of the Hospitals under the jurisdiction of the North-Eastern Regional Hospital Board.

Under Section 29 of the Act, the services of two voluntary organisations are utilised in connection with Blind Persons.

As to the improvement and tuition of the Deaf and Dumb, the Council relies on the services of a voluntary organisation in the City of Aberdeen.

Progress has been made in respect of the establishment of a register for disabled persons.

In Kincardineshire, there are no registered homes for old people.

During the year it was not found to be necessary to remove any person compulsorily to an Institution or Home under Section 47 of the National Assistance Act.

In no case had property to be taken under the care of the County Council.

Under Section 50 of the Act one burial was carried out.

(2) Nursing/

(2) Nursing Homes Registration (Scotland) Act, 1938.

In the County there are no registered Nursing Homes.

(3) Health Education.

As already indicated, the Scottish Council for Health Education send a Medical Officer to lecture to school children in the Burghs and Villages during the day and in the evenings it has been his custom to give talks on health topics to the adults in the community. The attendances at these evening meetings have been so poor that it has been decided to abandon them. The lack of enthusiasm amongst the adult population is not peculiar to Kincardineshire. for it has been ascertained that similar apathy exists throughout most of the rural areas of Scotland.

The principal agents for the propagation of health education are the Health Visitor-Nurses who, both at Clinics and in the homes give invaluable instruction to parents not only on the methods to be adopted to prevent disease but also on means whereby accidents in the home may be avoided.

APPENDIX/

APPENDIX.

ANNUAL REPORT
on the
MEDICAL INSPECTION, SUPERVISION and TREATMENT
of
SCHOOL CHILDREN
for the YEAR ended 31st JULY, 1953.

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S T A F F.

Medical Officer of Health

Harry J. Rae, M.C., M.A., M.B., Ch.B., D.P.H., Q.H.P.

(Retired on 30th September, 1952.)

Alexander Henderson, M.B., Ch.B., D.P.H.

(as from 1st October, 1952.)

Relief Medical Officer.

Harry J. Rae, M.C., M.A., M.B., Ch.B., D.P.H., Q.H.P.

Dental Surgeons.

Chief Dental Officer.

Charles P. Moore, L.D.S.

(Commenced duty on 16th February, 1953)

Part-time Dental Officer.

Henry J. Main, L.D.S.

(Commenced duty on 30th October, 1952)

Part-time Ophthalmic Surgeon.

Charles Cockburn, D.O.M.S., F.R.C.S.E.

Assistant Medical Officer for Diphtheria Immunisation.

Annie Gartly, M.B., Ch.B., D.P.H.

(Resigned on 31st March, 1953.)

Mary E. Jappy, M.B., Ch.B., D.P.H.

(Commenced duty on 28th May, 1953.)

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GENERAL STATISTICS.

- | | | |
|----|---|---------------|
| 1. | Population (estimated) of the area | 27,792 |
| 2. | Number of Schools:- | |
| | (a) Primary) | 39 |
| | (b) Secondary) | 5 |
| | Under Education Committee | |
| | (c) (i) Special Schools | - |
| | (ii) Special Classes in ordinary schools | - |
| | (d) In receipt of grant from Education Committee
and under medical inspection. | - |
| | Number of children on the registers | 4,670 |
| | Number of children in average attendance | 4,318 (92.4%) |
| 3. | <u>Sanitary Condition etc. of Schools</u> | |

The County Architect and Planning Officer has supplied the following information in respect of the year under review:-

Benholm/

Benholm P. School. Automatic flushing system installed to urinal.
Electric lighting installed.

Castleton P. School. Calor gas lighting installed.

Fordoun P. School. Four Bombay type closets replaced by four standard school pedestal W.Cs. and lavatory basin installed in staff cloakroom.

Garvock P. School. Calor gas lighting installed.

Luthermuir P. School. Electric lighting etc. installed.

Redmyre P. School. Central heating extended to west porch.

Cove P. School. All drainage now connected to sewer and septic tank filled in.

Maryculter West School. Old lavatories converted to cycle shed.

Portlethen J.S. School. Hot water connected to lavatory basin in senior girls' rest room. Two lavatory basins in cloakroom of old school replaced with modern basins.

Barras P. School. Lavatory basin installed in porch with hot water supplied by gas heater and hot water supplied to existing basin.

Cairnhill P. School. All drainage now connected to sewer and septic tank filled in.

Crathes P. School. Old basin in porch replaced with two new lavatory basins.

Strachan P. School. Additional radiator installed in middle classroom. Ashpit removed from entrance to dining room to opposite corner.

Woodlands P. School. Existing lavatory basins replaced with four new basins. Central heating system extended to include classroom No. 2.

Tarmacadam has been laid in playgrounds at the following schools:-

Fordoun P. School (Boys' Playground), Inch P. School, Broadyards P. School and repairs to tarmacadam carried out at Inchmarlo, Cove, Gourdon and Benholm Primary Schools and Banchory Academy.

Electricity has been installed and school meals sculleries converted to all electric at the undermentioned:-

Napier School, Marykirk, Fettercairn and Fordoun Primary Schools.

4. Organisation and Administration

A. Medical Inspection:- In addition to medical inspection in connection with the four usual age-groups, viz:- entrants, 9 year-olds, 13 year-olds and 16 year-olds, there was also carried out an examination, so far as visual acuity and hearing were concerned, of all children born in the year 1945. In this special age group 364 children (178 boys and 183 girls) were examined. With regard to visual acuity 409 children (53 boys and 56 girls) had "fair" vision, while 16 children (10 boys and 6 girls) had "bad" vision. As for hearing, 15 children (9 boys and 6 girls) were classified as defective being in Grade I.

No minor ailments clinic exists in the County of Kincardine nor is the establishment of such a clinic in any of the Burghs meantime contemplated. When children are found to be physically defective they are referred to their own doctors for advice and treatment.

B. System

B. System and extent of dental inspection and treatment.

As stated in the 1952 report, the part-time Dental Officer continued in the employment of the Council until 30th June, 1952, when he tendered his resignation. Hew was succeeded by another part-time Dental Officer who took up duty at the end of October, 1952. This Officer confined his activities to the three schools in Stonchaven. The number of children attending these schools represents approximately 25% of the total school population.

On 22nd November, 1952, the Council appointed a Chief Dental Officer who took up duty on 16th February, 1953.

C. School nursing and the arrangements for "following up".

The arrangements made by the County Council to operate as from 5th July, 1948 continued to function satisfactorily. As stated in previous reports, the County Council are now the direct employers of the Health Visitor-Nurses and the transition of their service from the voluntary organisation to local authority control was effected in a most harmonious manner. This was largely due to the broad and generous outlook taken by the County Nursing Federation.

D. Co-ordination with the public health service and with other departments of the authority which render services to children.

The Medical Officer of Health is the Executive Officer for the School Health Services. The co-ordination of the health services in Kincardineshire in regard to pre-school and school children is very intimate.

E. Co-operation with voluntary bodies and other outside agencies.

In the past, a close liaison was maintained with the voluntary hospitals in Aberdeen and with the Cripples' Welfare Association for the North East of Scotland. The voluntary hospitals in Aberdeen were, however, transferred in 1948 to the jurisdiction of the Regional Hospital Board as also has the Cripples' Association, but the same close co-operation has been maintained in relation to handicapped children.

F. Co-operation with teachers and parents with special reference to the attendance of parents at inspections.

Parents are invited to be present when their children are examined. The parents are informed of the date and hour of visit of the School Medical Officer. Whilst many parents in the Burghs avail themselves of this opportunity, unfortunately very few in the rural areas attend during routine medical examination. It is difficult for parents in the rural areas to be present owing to transport and domestic duties.

5. The findings of Medical Inspection.

The number of children who were examined systematically was 1,356 whilst 361 children born in the year 1945, were examined for visual acuity and hearing only. To these there fall to be added 468 children who were re-examined and 130 cases who were submitted by teachers and parents for examination.

The following table shows the average heights and weights of those boys and girls who were measured and weighed:-

(a) BOYS/

(a) BOYS.

<u>No. of Children</u>	<u>Average Age in years.</u>	<u>Average Height in inches.</u>	<u>Average Weight in lbs.</u>
14	4 10/12	43.1	41.1
208	5 6/12	44.4	43.9
36	6 3/12	45.8	46.8
28	8 10/12	51.6	61.9
181	9 5/12	53.4	66.4
19	12 11/12	60.0	92.1
161	13 5/12	60.7	96.3
1	15 11/12	64.0	98.0
20	16 5/12	68.7	135.2

(b) GIRLS.

<u>No. of Children</u>	<u>Average Age in years</u>	<u>Average Height in inches</u>	<u>Average Weight in lbs.</u>
16	4 10/12	41.8	39.0
211	5 6/12	44.1	42.7
32	6 3/12	46.1	47.1
26	8 11/12	52.9	62.3
179	9 5/12	52.7	63.0
15	12 11/12	60.0	91.9
170	13 5/12	61.1	98.5
6	15 11/12	64.2	112.3
33	16 5/12	64.7	127.1

The findings of systematic medical examination were as follows:-

	<u>Number Examined</u>	<u>Number Defective</u>	<u>Percentage Defective.</u>
1. <u>Clothing</u> unsatisfactory	1,356	7	.52
2. <u>Footgear</u> unsatisfactory	"	9	.66
3. <u>Cleanliness:-</u>			
(a) <u>Head</u> (1) Dirty	"	3	.22
(2) Nits	"	13	.96
(3) Verminous	"	-	-
(b) <u>Body</u> (1) Dirty	"	7	.52
(2) Nits	"	-	-
(3) Verminous	"	-	-
4. <u>Skin:-</u>			
(a) <u>Head</u> - Ringworm	"	-	-
Impetigo	"	-	-
Other Diseases	"	6	.44
(b) <u>Body</u> - Ringworm	"	-	-
Impetigo	"	6	.44
Scabies	"	-	-
Other Diseases	"	19	1.40
5. <u>Nutritional State</u>			
Slightly defective	"	108	7.96
Bad	"	-	-
6. <u>Mouth and Teeth unhealthy</u>	"	45	3.32
7. <u>Naso-pharynx-/</u>			

	<u>Number Examined</u>	<u>Number Defective</u>	<u>Percentage Defective.</u>
7. <u>Naso-pharynx -</u>			
(a) Nose (1) Obstruction requiring observation	1,356	24	1.77
(2) Obstruction requiring treatment	"	1	.07
(3) Other conditions	"	7	.52
(b) Throat (1) Tonsils requiring observation	"	135	9.96
(2) Tonsils requiring treatment	"	21	1.55
(c) Glands (1) Requiring observation	"	117	8.63
(2) Requiring treatment	"	1	.07
8. <u>Eyes</u>			
(a) External Diseases -			
Blepharitis	"	19	1.40
Corneal opacities	"	-	-
Strabismus	"	19	1.40
Conjunctivitis	"	4	.29
Other diseases	"	10	.74
(b) Visual Acuity with/without glasses	839	178	21.22
Recommended for refraction	1,356	46	3.39
Fair vision	839	178	21.22
Bad vision	"	46	5.48
9. <u>Ears</u>			
(a) Diseases - Otorrhoea	1,356	1	.07
Other Diseases	"	35	2.58
(b) Defective Hearing - Grade 1	"	10	.74
" 11a	"	5	.37
" 11b	"	-	-
" 111	"	-	-
10. <u>Speech - Defective articulation</u>	"	9	.66
Stammering	"	2	.15
11. <u>Mental and Nervous Conditions</u>			
(a) Backward	"	7	.52
(b) Dull	"	-	-
(c) Mentally deficient (Educable)	"	1	.07
(d) Mentally deficient (Ineducable)	"	-	-
(e) Highly nervous or unstable	"	1	.07
(f) Difficult behaviour.	"	-	-
12. <u>Circulatory System</u>			
(a) Organic heart disease			
(1) Congenital	"	3	.22
(2) Acquired	"	6	.44
(b) Functional conditions	"	9	.66
13. <u>Lungs</u>			
Chronic bronchitis	"	6	.44
Suspected tuberculosis	"	-	-
Other diseases	"	37	2.73
14. <u>Deformities</u>			
(a) Congenital	"	8	.59
(b) Acquired/			

	<u>Number Examined</u>	<u>Number Defective</u>	<u>Percentage Defective.</u>
<u>Deformities (Contd.)</u>			
(b) Acquired (Infantile Paralysis)	1,356	1	.07
(c) Acquired (Rickets)	"	-	-
(d) Acquired (Other causes)	"	6	.44
15. <u>Infectious Diseases</u>	"	-	-
16. <u>Other Diseases or defects</u>	"	17	1.25
17. <u>Classification</u>			
Group 11a	"	175	12.91
Group 11b	"	42	3.10
Group 11c	"	3	.22
Group 111	"	59	4.35
Group 1Va	"	78	5.75
Group 1Vb	"	10	.74
Number notified to parents as suffering from defects	"	147	10.84

STATISTICAL TABLES -

TABLE 1.

Total number of children examined at:-

	<u>Systematic Examinations</u>	<u>Other Systematic Examinations</u>
<u>A. Systematic Examinations.</u>		
Ordinary &) Entrants	517	-
Secondary) Second Age Group	414	-
Schools) Third Age Group	365	-
) Fourth Age Group	60	-
Total	1,356	-
<u>B. Other Examinations</u>		
Special Cases	130	
Re-inspections by Medical Officers	468	
Total	598	

Number of children inspected at systematic examinations, who were notified to parents as requiring treatment (excluding uncleanness and dental caries).

Entrants	51
Second Age Group	54
Third Age Group	36
Fourth Age Group	6
	147

TABLE II.

SYSTEMATIC EXAMINATIONS.

Number and Percentage of children in each Group suffering from particular defects.

Nature of Defect	Total Examined All Ages 1,356	Entrants			Second Age Group			Third Age Group			Fourth Age Group			All Ages.							
		Boys 258	%	Girls 259	%	Boys 209	%	Girls 205	%	Boys 180	%	Girls 185	%	Boys 21	%	Girls 39	%	Boys 668	%	Girls 688	%
1. Clothing unsatisfactory	"	2	.78	-	-	1	.48	1	.49	3	1.66	-	-	-	-	-	-	6	.90	1	.15
2. Footgear unsatisfactory	"	1	.39	-	-	2	.96	4	1.95	2	1.11	-	-	-	-	-	-	5	.75	4	.58
3. Cleanliness -	"	1	.39	-	-	1	.48	-	-	1	.55	-	-	-	-	-	-	3	.45	-	-
(a) Head (1) Dirty	"	1	.39	3	1.16	1	.48	5	2.44	-	-	3	1.62	-	-	-	-	2	.30	11	1.60
(2) Nits	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(3) Verminous	"	1	.39	-	-	2	.96	1	.49	2	1.11	-	.54	-	-	-	-	5	.75	2	.29
(b) Body (1) Dirty	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(2) Nits	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(3) Verminous	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. Skin -	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(a) Head: Ringworm	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Impetigo	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Diseases	"	1	.39	-	-	-	-	2	.98	-	-	3	1.62	-	-	-	-	1	.15	5	.73
(b) Body: Ringworm	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Impetigo	"	1	.39	-	-	4	1.91	1	.49	-	-	-	-	-	-	-	-	5	.75	1	.15
Scabies	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other Diseases	"	1	.39	3	1.16	3	1.44	5	2.44	1	.55	-	2.70	1	4.76	-	-	6	.90	13	1.89
5. Nutritional State -	"	29	11.24	49	18.92	4	1.91	9	4.39	10	5.55	-	3.24	1	4.76	-	-	44	6.59	64	9.30
Slightly defective	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Bad	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
6. Mouth and teeth unhealthy	"	14	5.43	18	6.95	5	2.39	5	2.44	1	.55	-	1.08	-	-	-	-	20	2.99	25	3.63
7. /																					

TABLE II (Contd.)

Nature of Defect	Total Examined All Ages 1,356.	Entrants			Second Age Group			Third Age Group			Fourth Age Group			All Ages.							
		Boys 258	%	Girls 259	%	Boys 209	%	Girls 205	%	Boys 180	%	Girls 185	%	Boys 21	%	Girls 39	%	Boys 668	%	Girls 688	%
7. Naso-pharynx -																					
(a) Nose -																					
(1) Obstruction requiring observation	"	9	3.49	10	3.86	2	.96	2	.98	-	-	1	.54	-	-	-	-	11	1.65	13	1.89
(2) Obstruction requiring treatment	"	-	-	-	-	1	.48	-	-	-	-	-	-	-	-	-	-	1	.15	-	-
(3) Other conditions	"	1	.39	4	1.54	1	.48	-	-	1	.55	-	-	-	-	-	-	3	.45	4	.58
(b) Throat -																					
(1) Tonsils requiring observation	"	43	16.67	17	6.56	23	11.00	21	10.24	16	8.88	15	8.11	-	-	-	-	82	12.28	53	7.70
(2) Tonsils requiring treatment	"	3	1.16	6	2.32	2	.96	3	1.46	1	.55	5	2.70	-	-	1	2.56	6	.90	15	2.18
(c) Glands -																					
(1) Requiring observation	"	27	10.47	29	11.20	21	10.05	13	6.34	13	7.22	11	5.95	1	4.76	2	5.13	62	9.28	55	7.99
(2) Requiring treatment	"	1	.39	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	.15	-	-
8. Eyes -																					
(a) External Diseases:																					
Blepharitis	"	2	.78	3	1.16	4	1.91	1	.49	5	2.78	3	1.62	-	-	1	2.56	11	1.65	8	1.16
Corneal opacities	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Strabismus	"	3	1.16	7	2.70	2	.96	5	2.44	-	-	2	1.08	-	-	-	-	5	.75	14	2.03
Conjunctivitis	"	2	.77	-	-	-	-	-	-	2	1.11	-	-	-	-	-	-	4	.60	-	-
Other Diseases	"	2	.77	4	1.54	-	-	1	.49	1	.56	2	1.08	-	-	-	-	3	.45	7	1.02
(b)//																					

TABLE II (Contd.)

Nature of Defect	Total Examined All Ages 1,356	Entrants			Second Age Group			Third Age Group			Fourth Age Group			All Ages.							
		Boys 258	%	Girls 259	%	Boys 209	%	Girls 205	%	Boys 180	%	Girls 185	%	Boys 21	%	Girls 39	%	Boys 668	%	Girls 688	%
8. (b) Visual Acuity - With/without glasses Recommended for refraction Fair vision Bad vision	839	-	-	-	-	46	22.01	44	21.46	29	16.11	40	21.62	3	14.29	16	41.03	78	11.68	100	14.53
	1,356	1	.39	1	.39	8	3.83	23	11.22	4	2.22	7	3.78	-	-	2	5.13	13	1.95	33	4.80
	839	-	-	-	-	46	22.01	44	21.46	29	16.11	40	21.62	3	14.29	16	41.03	78	11.68	100	14.53
	"	-	-	-	-	8	3.83	23	11.22	4	2.22	7	3.78	-	-	2	5.13	13	1.95	33	4.80
9. Ears - (a) Diseases: Otorrhoea Other diseases	1,356	-	-	1	.39	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	.15
	"	7	2.71	4	1.54	5	2.39	3	1.46	11	6.11	3	1.62	2	9.52	-	-	25	3.74	10	1.45
(b) Defective Hearing: Grade 1 Grade 11a Grade 11b Grade 111	"	1	.35	1	.39	1	.48	4	1.95	-	-	3	1.62	-	-	-	-	2	.30	8	1.16
	"	1	.35	-	-	3	1.44	1	.49	-	-	-	-	-	-	-	-	4	.60	1	.15
	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
10. Speech - Defective articulation Stammering	"	4	1.55	4	1.54	-	-	1	.49	-	-	-	-	-	-	-	-	4	.60	5	.73
	"	-	-	-	-	1	.48	-	-	1	.56	-	-	-	-	-	-	2	.30	-	-
11. Mental and Nervous Conditions- (a) Backward (b) Dull (c) Mentally Deficient (Educable) (d) Mentally Deficient (Ineducable) (e) Highly nervous or unstable (f) Difficult behaviour	"	1	.35	-	-	1	.48	-	-	4	2.22	1	.54	-	-	-	-	6	.90	1	.15
	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	"	-	-	-	-	-	-	-	-	-	-	1	.54	-	-	-	-	-	-	1	.15
	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	"	1	.35	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	.15	-	-
	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12./	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

TABLE II (Contd.)

Nature of Defect	Total Examined All Ages 1,356	Entrants			Second Age Group			Third Age Group			Fourth Age Group			All Ages							
		Boys 258	%	Girls 259	%	Boys 209	%	Girls 205	%	Boys 180	%	Girls 185	%	Boys 21	%	Girls 39	%	Boys 668	%	Girls 688	%
12. Circulatory System - (a) Organic Heart disease: (1) Congenital (2) Acquired (b) Functional conditions	"	1	.39	-	-	1	.48	-	-	1	.56	-	-	-	-	-	-	3	.45	-	-
	"	-	-	-	-	1	.48	1	.54	3	1.66	1	-	-	-	-	-	4	.60	2	.29
	"	2	.78	1	.39	2	.96	-	-	-	-	4	2.16	-	-	-	-	4	.60	5	.73
13. Lungs - Chronic Bronchitis Suspected tuberculosis Other diseases	"	1	.39	1	.39	-	-	-	-	3	1.66	-	-	1	4.76	-	-	4	.60	2	.29
	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	"	15	5.81	11	4.24	5	2.39	1	.49	1	.56	3	1.62	-	-	1	2.56	21	3.14	16	2.35
14. Deformities - (a) Congenital (b) Acquired (Infantile Paralysis)" (c) Acquired (Rickets)" (d) Acquired (Other)	"	4	1.55	2	.78	-	-	1	.49	-	-	1	.54	-	-	-	-	4	.60	4	.58
	"	1	.35	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	.15	-	-
	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	"	4	1.55	-	-	1	.48	-	-	-	-	1	.54	-	-	-	-	5	.75	1	.15
15. Infectious Diseases	"	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16. Other Diseases or Defects	"	3	1.16	5	1.93	2	.96	1	.49	3	1.66	3	1.62	-	-	-	-	8	1.20	9	1.31

TABLE III.

SYSTEMATIC MEDICAL EXAMINATIONS.

Classification	Entrants 517		Second Age Group 414		Third Age Group 365		Fourth Age Group 60		Total - All Ages 1,356	
	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
1. Children free from defects	434	83.95	263	63.53	257	70.41	35	58.33	989	72.94
11. Children (otherwise free from defects) who suffer from -										
(a) Defective vision (not more than 6/12 in the better eye) with or without glasses	-	-	87	21.02	69	18.91	19	31.67	175	12.90
or										
(b) Oral sepsis, etc.	32	6.19	7	1.69	3	.82	-	-	42	3.10
(c) Both (a) and (b)	-	-	3	.72	-	-	-	-	3	.22
Total	32	6.19	97	23.43	72	19.73	19	31.67	220	16.22
111. Children suffering from ailments (other than those mentioned in 11) from which complete recovery is anticipated within a few weeks	26	5.03	14	3.38	16	4.38	3	5.00	59	4.35
1V. Children with defects less remedial than in 11 or 111.										
(a) where complete cure is considered possible	22	4.25	34	8.21	19	5.21	3	5.00	78	5.75
(b) where improvement only is considered possible	3	.58	6	1.45	1	.27	-	-	10	.74
Total	25	4.83	40	9.66	20	5.48	3	5.00	88	6.49
Total number of children examined	517	100	414	100	365	100	60	100	1,356	100

TABLE 1V.

Return of all Exceptional Children of School Age in the County.

Disability	At ordinary schools	At special schools or classes	At no school or institution	Total
1. Blind	-	1	-	2
2. Partially sighted -				
(a) Refractive errors in which the curriculum of an ordinary school would adversely affect the eye condition -	1	-	-	1
(b) Other conditions of the eye, e.g. cataract, ulceration, etc., which render the child unable to read ordinary school books or to see well enough to be taught at an ordinary school	-	-	-	-
3. Deaf - Grade 1	25	-	-	25
Grade 11a	5	-	-	5
Grade 11b	-	-	-	-
Grade 111	-	4	-	4
4. Defective Speech -				
(a) Defects of articulation requiring special educational measures	2	-	-	2
(b) Stammering requiring special educational measures	2	-	-	2
5. Mentally defective (children between 5 and 16 years) -				
(a) Educable	2	2	1	5
(b) Ineducable	-	1	3	4
6. Epilepsy -				
(a) Mild and occasional	2	-	-	2
(b) Severe (suitable for care in a residential school)	-	-	-	-
7. Physically defective (children between 5 and 16 years) -				
(a) Non-pulmonary tuberculosis (excluding cervical glands)	-	-	-	-
(b) General orthopaedic conditions	10	-	-	10
(c) Organic heart disease	9	-	-	9
(d) Other causes of ill-health	2	1	-	3
8. Multiple defects	-	-	-	-

6. Medical Treatment.

A. Minor Ailments

All cases suffering from minor ailments were referred to their family doctors for treatment. The health visitor-nurse visited the homes and, where it was found that necessary treatment had not been carried out, encouraged the parents to have the defects attended to.

B. Defective Vision and Squint

Report by Mr. Charles Cockburn, School Oculist.

Number of children examined	...	...	...	...	58
Boys	...	...	...	...	21
Girls	...	...	...	...	37
Number of children with refractive error	...	...	...	...	41
Number of spectacles ordered	...	...	...	...	23

Analysis of Refraction errors

Hypermetropia	4	=	10%
Myopia	2	=	5%
Myopic Astigmatism	8	=	20%
Hypermetropic Astigmatism	23	=	55%
Mixed Astigmatism	4	=	10%

Pathological conditions met with were:-

Congenital Cataract	1
Internal Concomitant Strabismus	7
Divergent Strabismus	1
Nystagmus	1
Conjunctivitis	1
Ptosis	1

C. Nose and Throat (operative treatment)

All cases were in the first instance referred to the family doctors who arranged for institutional treatment, where necessary.

D. Orthopaedic and Postural Defects (Specialist Treatment)

The North-Eastern Regional Hospital Board are responsible for the conduct of the Orthopaedic Services. During the year under review, the following statistics are applicable:-

(a) Number of old cases	6
(b) Number of attendances made by these	18
(c) Number of new cases	20
(d) Number of attendances made by new cases	43

7. Dental Inspection and Treatment -

Report by Mr. Charles P. Moore, Chief Dental Officer.

The/

The period under review commenced on October 30th, 1952, when Mr. Main (U.St.A) took up duty as part-time Dental Officer, following Mr. Kamsley's resignation in June of the same year.

Since that date Mr. Main has worked two sessions a week, as arranged, in Stonehaven Schools only.

My appointment as Chief Dental Officer, dates from November, 1952, but I did not enter upon my new duties until 16th February, 1953.

The Health and Welfare Committee sanctioned the purchase of the essential equipment which I required on the 24th February, and the orders were put in hand immediately.

There was inevitably some delay, owing to the shortage of Dental supplies, before delivery was in fact made, with the result that actual work in the schools did not commence until 23rd April, 1953.

It was decided to start work in the Junior Secondary Schools and in view of the late start, to concentrate on the examination and treatment of those children who would be leaving school at the beginning of June, and then on those whose school career would end with the close of the summer term.

This was successfully accomplished, and the remainder of the term was employed in the systematic examination of the remaining pupils in those establishments, and also of the pupils in the more outlying Rural Schools, so that on the resumption of the Schools in August, treatment of those accepting the service could be commenced immediately.

The shortage of suitable accommodation in some of the schools makes the position of an adequate Dental Service difficult, particularly so, in the Banchory area, where there is a large school population.

The Health and Welfare Committee are pressing hard for the provision of a Child Welfare Clinic in Banchory incorporating a Dental Surgery, suitably equipped. This will be of inestimable value to the Upper Deeside area. Unfortunately there must be some considerable lapse of time before such a building can be acquired and equipped.

In many of the Rural Schools systematic examinations had to be carried out in a classroom in the presence of the remainder of the pupils, a procedure which would be quite impracticable when the time came for operative treatment to be carried out.

Full use, therefore, will have to be made of the Static Clinics, using them for the treatment of all pupils from surrounding Rural Schools, where accommodation is either not available or is unsuitable.

In the short time that I have been working in the County Schools, it is gratifying to find that many parents have taken advantage of the National Health Service, and have had the children's teeth attended to, with the result that the overall condition of the teeth is better than might have been expected, considering the lapse of time since there was an effective school service.

Conservative treatment rather than extractions is the aim and ideal of the service, and the percentage acceptance rate for the area so far examined seems to indicate a realisation of the need for early Dental care, and an intention to take advantage of the service now offered.

I should like to take this opportunity of thanking the Headmasters and Headmistresses and their staffs for their help and co-operation in carrying out my duties and also for encouraging the children in the practice of Dental Hygiene.

The numbers of children who were examined by the Dental Officer were as follows:- /

Age	(a) At systematic examinations.	(b) As special and emergency cases.	Total
4	7	-	7
5	63	-	63
6	74	-	74
7	77	-	77
8	107	-	107
9	92	-	92
10	95	-	95
11	83	-	83
12	85	-	85
13	125	-	125
14	103	-	103
15	26	-	26
Total	937	-	937

	(a) Systematic <u>Examinations</u>	(b) Special and <u>emergency cases</u>	<u>Total</u>
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The number of children who
were -

(1) Found to require treatment	546	-	546
(2) Accepting treatment	404	-	404
(3) Percentage acceptance rate	73.9	-	73.9
(4) Actually treated	65	-	65
(5) Number of attendances made by children for treatment	160	-	160
(6) Number of Fillings -			
(a) Permanent teeth	136	-	136
(b) Temporary teeth	-	-	-
(7) Number of extractions -			
(a) Permanent teeth	9	-	9
(b) Temporary teeth	1	-	1
(8) Other operations			
(a) Permanent teeth	41	-	41
(9) Number of children treated under private arrangements	200	-	200

Report by Mr. H. Main, Part-time Dental Officer.

Duties as part-time School Dental Officer commenced on the 30th October, 1952, and sessions were held at "The Briars" on Tuesday and Friday mornings.

Treatment was continued on Stonehaven Public School children who had been examined by the previous Dental Officer but on whom treatment had not been completed.

The remainder of those pupils, i.e. those who had missed the previous examination and those who had started as new pupils were examined on the 5th and the 9th of December and treatment was completed for them by 20th January, 1953.

Systematic examination of pupils of Mackie Academy was interrupted by the School Inspectors and 9 half-days were required to complete the examinations.

Treatment of Mackie Academy pupils is still in progress.

Emphasis has been on the conservation of both permanent and deciduous teeth.

No/

No emergency cases and no expectant mothers have reported for treatment.

Working conditions in the Dental Clinic have been much improved by the installation of the recently acquired equipment.

The numbers of children who were examined are as follows:-

Age	(a) At systematic examinations.	(b) As special and emergency cases.	Total
4	-	-	-
5	32	-	32
6	42	-	42
7	18	-	18
8	17	-	17
9	22	-	22
10	19	-	19
11	28	-	28
12	84	-	84
13	161	-	161
14	159	-	159
15	64	-	64
16	3	-	3
17	-	-	-
Total	649	-	649

	(a) <u>Systematic Examinations</u>	(b) <u>Special and emergency cases</u>	<u>Total</u>
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The numbers of children who were -

(1) Found to require treatment	394	-	394
(2) Accepting treatment	222	-	222
(3) Percentage acceptance rate	56.3	-	56.3
(4) Actually treated	180	-	180
(5) Number of attendances made by children	394	-	394
(6) Number of fillings -			
(a) Permanent teeth	326	-	326
(b) Temporary teeth	83	-	83
(7) Number of extractions -			
(a) Permanent teeth	13	-	13
(b) Temporary teeth	48	-	48
(8) Other operations -			
(a) Permanent teeth	120	-	120
(b) Temporary teeth	19	-	19
(9) Half-days devoted to systematic examination	11	-	11
Half-days devoted to treatment	49	-	49
(10) Number of children treated under private arrangements	172	-	172

8. Special Schools and Classes.

Neither special schools nor classes are provided in the County of Kincardine for children handicapped by physical or mental defects.

Psychologically abnormal children are dealt with at the Child Guidance Clinic in Aberdeen.

9. Arrangements for Physical Education and Personal Hygiene.

Whenever practicable, playgrounds have been tarmacadamised.

10. Other activities in relation to the health of school children.

(1) Milk in Schools Scheme -

(a) Number of schools participating in the scheme	...	...	44
(b) Number of children taking milk daily	...	...	2,840
(c) Percentage of school population taking milk	...	...	61%

(2) School Meals Service -

(a) Number of pupils receiving dinners	...	...	2,323
(b) Number of children receiving light meals	...	...	25 (Estimate)
(c) Number of children receiving soup meals	...	...	-
(d) Number of schools at which dinners were provided	..		42
(e) Number of schools at which light meals were provided			1
(f) Number of schools at which a soup meal was provided			-
(g) The figures regarding the number of pupils taking meals shows a decrease through the operation of the increased charges. As the figures taken in June show a slight increase over the figures taken in April immediately following the increase in prices, it is felt that the number of pupils taking meals will gradually return to normal.			
(h) There should also be noted the operation of the Committee's Scheme for the partial or full remission of charges which came into operation on 1st April, 1953.			

